



# Influenza Informed Consent Form

280 Heritage Ave.  
Portsmouth, NH 03801  
Phone: 1-800-371-8384  
www.healthyachievers.com

FIRST NAME (one character per box)

LAST NAME

M.I.

EMPLOYER

TODAYS DATE

EMPLOYER CITY

STATE

ZIP

M M

D D

Y Y

Y Y

## Consent for Flu Vaccine

1. Have you ever had a flu shot before?

Yes

No

2. Have you ever had a reaction to the influenza vaccine?

Yes

No

3. Are you allergic to eggs?

Yes

No

4. Do you have a fever or bad cold today (temp over 101°)?

Yes

No

5. Have you ever been diagnosed with a neuromuscular condition?

Yes

No

6. What is your current age? \_\_\_\_\_

The vaccine has been standardized to the United States Public Health Service requirements for the 2010/2011 influenza season and is representative of the following strains: **A/California/7/2009 (H1N1); A/Perth/16/2009 (H3N2); and B/Brisbane/60/2008.** Because influenza vaccine contains only non-infectious purified viral proteins, it cannot cause influenza. Because influenza vaccine contains only non-infectious purified viral proteins, it cannot cause influenza. I acknowledge that I have received a copy of the Influenza Vaccine Information Sheet prepared by the Centers for Disease Control and Prevention and the Notice of Privacy Practices prepared by Healthy Achievers located on the back of this form. I understand the benefits and risks in receiving an influenza vaccination, and voluntarily request that the vaccine be given to me or to the person named above for whom I am a legal guardian and authorized to sign. To the fullest extent enforceable by, I (on behalf of myself, my heirs and any executors or administrators) hereby hold harmless, release, and forever discharge Healthy Achiever, Client Organization or your employer and their respective employees/contractors from any and all liability arising from or in any way connected with this vaccination.

Patient Signature

Date

For Participants who are Minors (less than 18 years of age): I attest that I am the legal guardian of this minor and I have authority to provide consent for this vaccination.

Legal Guardian Signature

Relationship to Minor

Phone

## Insurance Information – If To Be Paid By Your Insurance Carrier

INSURANCE CARRIER

SUBSCRIBER ID #

GROUP ID#

HOME STREET ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL ADDRESS

SEX

DATE OF BIRTH

AGE

M/F

M M

D D

Y Y

Y Y

Y Y

Patient MUST be 9 years of age or older to receive services

Please attach copy of your insurance card to this form

### Assignment of Insurance Benefits

I understand that all insurance information that I provide is current and accurate. I understand that my insurance information will be submitted to my health plan for payment. I hereby authorize direct payment of medical benefits to Healthy Achievers for services rendered. I understand that if my health plan denies my insurance claim for the influenza vaccination; that I am responsible for the payment. I understand that I will be billed for payment at the Contracted Insurance Rate. Should this matter need to be forwarded to a third party collection service or should this office be required to file suit in order to collect the unpaid charges, you will be responsible for all charges incurred as a result of our efforts to collect payment as well as an interest accruing at 1.5% per month.

Patient Signature

Date

## Nurse To Complete

Payment: ☐ Cash ☐ Check ☐ Insurance Carrier ☐ Company

Amount Collected	Vaccine	Vaccine Lot #	Nurse Initials	Injection Site	Deltoid	Date
\$	Flu			<input type="checkbox"/> Right <input type="checkbox"/> Left		
\$	Pneumonia			<input type="checkbox"/> Right <input type="checkbox"/> Left		
Total \$						

# Notice of Privacy Practices

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

Our commitment is to serve our customers with professionalism and caring, being sure to protect the privacy of all Protected Health Information. Protected Health Information (PHI includes both your medical and individually identifiable information such as your name, address, phone number, or social security number). We do not sell or divulge our customers' PHI to marketing agencies or any other organization. WE are required, by our policy and laws regarding privacy practices, to protect your PHI and give you this notice about our privacy practices, our legal duties, and your rights as they pertain to your PHI. We will protect your PHI by

- Maintaining and enforcing Policies and Procedures that ensure the physical security of your PHI.
- Limiting how we may use or disclose you're PHI and by limiting who may see your PHI.
- Obtaining your consent before releasing your PHI for any purpose other than the purposes identified in this policy.

## Your rights:

- You have the right to obtain and inspect copies of your PHI. You may submit your request in writing to Healthy Achievers.
- You have the right to receive a list of instances in which we disclose your PHI for purposes other than treatment, payment or healthcare operations.
- You have the right to request that we place additional restrictions on our use or disclosure of your PHI.
- You have the right to request that we amend your PHI. Your written request must explain why the information should be amended.
- You have the right to register a complaint. If you believe we have violated your privacy rights you may file a complaint with us by submitting your complaint in writing to Executive Officer of Healthy Achievers.
- If you have a request, complaint, or question regarding how Healthy Achievers handles your PHI you may contact us by email at: [info@healthyachievers.com](mailto:info@healthyachievers.com) or by calling us at: Healthy Achievers, 280 Heritage Ave. Unit J, Portsmouth, N.H. 03801. Atten: HIPAA Compliance.

This notice takes effect April 14, 2003 and will remain in effect until further notice. We must follow the privacy practices described as long as this notice is in effect. We reserve the right to change this notice and the new notice apply to all PHI we already have, as well as, any information we received in the future. We will post the most current copy of our privacy practices at our screenings and health related events.



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(603) 422-0905  
[www.healthyachievers.com](http://www.healthyachievers.com)